Emergency Drought Action



STATE OF WASHINGTON

APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT



DK B

For filing with Ecology or with County Conservancy Boards

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.) ☐ Change purpose(s) of use ☐ Add purpose(s) of use ☑ Change point(s) of diversion/withdrawal ☑ Add point(s) of diversion/withdrawal ☑ Change/transfer place of use ☐ Other (i.e. consolidation, intertie, trust water) Explain:	F	HANGE No. <u>C34-SWC</u> DATE ACCEPTED <u>04</u> 1	Vrg
**IF MORE SPACE IS NEEDED, ATTACH ADD 1. Applicant Information:			
APPLICANT/BUSINESS NAME	i+ I I C		
Zaser & Longston, Inc., dba Keystone Fru ADDRESS 1802 136th Place N.E.	.1 .		(425) 562-4785
CITY Bellevue		STATE Washington	ZIP CODE 98005
Dellevac		nasiiiiigtoii	70003
CONTACT NAME (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.
Greg D. Zaser		(425) 562-7997	(425) 562-4785
ADDRESS Same as above			
CITY		STATE	ZIP CODE
2. Water Right Information:			
WATER RIGHT OR CLAIM NUMBER	RECORDED		
Certificate #10416 DO YOU OWN THE RIGHT TO BE CHANGED? ☑ YES ☐ NO	Kennet	h D. Crofoot	
IF NO, PROVIDE OWNER(S) NAME:			
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST	FIVE (5) YEARS	? TYPES INO	
Please attach copies of any documentation that derwas established. Also, if you have a water system application.			
FOR OFFI APP. NO. 18850 PERMIT NO. 1.3856 CEI	ICE USE ON		

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Okanogan River		NE	NE	7	35 N.	27 E.		

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Okanogan River		SW	NE	32	36 N.	27 E.		
Okanogan River		SE	NE	32	36 N.	27 E.		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: X YES NO PROPOSED:

▼YES □ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

GPM or CFS	ACRE-FT/YR	PERIOD OF USE
2.3 CFS	460	April 1 through Sept. 30

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Crop Irrigation	2.3 CFS	460	April 1 through Sept. 30

5. Place of Use:

	LE	GAL DESCR	RIPTION OF LAI	NDS WHERE WATER IS PI	RESENTLY USED:	
e NE ¹ 4NE ¹	4, Sec. 12,	т. 35 г	N., R. 27	E.W.M.; AND Gov't	Lot 3, Gov't Lot	4, and the
uth 14.	2 acres of	Gov't Lo	ot 2, ALL	in Sec. 7, T. 35	N. R. 27 E.W.M., (Okanogan
unty.						
		1 2 2 2 2 2				
1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			12.44			
/-	020.		11001	000/411	, ANOEE W	

		1 - 5-1 - 5	LEGAL DES	CRIPTION OF	F LANDS WHERE NEW USE IS	PROPOSED:	100
Appro	ximatel	y 35 acr	es with	in the N^{1}	2NE4 & N2SE4NE4 (bei	ng portions of Gov	't Lot 2)
Sec.	32, T.	36 N., R	. 27 E.V	W.M. lyir	ng east of the Count	y Road; AND ALSO t	he Northerly
7 acr	es of o	rcard lo	cated i	n that po	ortion of the SW4NW4	Sec. 33, T. 36 N.	, R. 27 E.W.
lying	east o	f the es	tablish	ed Golder	n Delicious orchard;	all approximately	42 acres
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
O UOY OC	WN ALL TH	E LANDS IN	THE PROPO	SED PLACE	OF USE? ☐ YES ☐ NO	- IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Info		Remarks ar	d Other	Relevant	Information:
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We have had an appliction for change to permanently transfer this water right being processed by D.O.E. since it was originally submitted in July of 1992. This application has already been published and through the public review period and merely needs to be finalized by the department.

IF FOR SEASONAL OR TEMPORARY, START DATE 4 /23 / 01 END DATE 9 / 30 / 01

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

(Applicant)

(Applicant)

(Date)

(Water Right Holder)

(Land Owner(s) of Existing Place of Use)

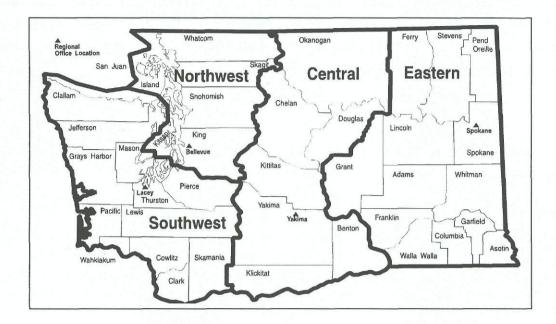
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION	N FOR THE FOLLOWING	G REASON(S):
☐ APPLICATION FEE NOT ENCLOSED	☐ MAP NOT INCLUDE	ED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED	SECTION	IS INCOMPLETE
OTHER/EXPLANATION:		
STAFF:	DATE	:://

IMPORTANT!

Submit your application to Ecology at the regional office for the area of proposed or existing water use or at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Department of Ecology Central Regional Office 15 W. Yakima Avenue, Suite 200 Yakima, WA 98902 Telephone: (509) 575-2490

Department of Ecology Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 Telephone: (425) 649-7000 Department of Ecology Eastern Regional Office N. 4601 Monroe, Suite 202 Spokane, WA 99205-1295 Telephone: (509) 456-2926

Department of Ecology Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 Telephone: (360) 407-6300

Persons of disability needing assistance in the application process or those needing this application in an alternate format, may call (360) 407-6607 (voice) or (360) 407-6006 (TDD).

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